



CalCOBRA Facts At A Glance

Background

On July 1, 2004, California medical plan members who have exhausted federal COBRA benefits that began January 1, 2003, or later will become eligible for CalCOBRA coverage, for up to a total of 36 months between the two programs. This mandate was part of California AB 1401, which also extended CalCOBRA (which impacts groups of 2-19 eligible lives) coverage from 18 to 36 months. California AB 1401 is not extraterritorial.

To differentiate the provisions for groups with under 20 total lives and groups with 20 and over lives, Aetna uses the term CalCOBRA for groups under 20 lives, and the term Supplemental CalCOBRA for those groups subject to federal COBRA (20 and over lives).

The law has implications and new responsibilities both for plan sponsors and for Aetna. While plan sponsors are responsible for administering COBRA for their former employees, the California law places certain administrative responsibility for its state-mandated Supplemental CalCOBRA benefits on the carriers. This means plan sponsors must determine how they want to work with Aetna to transfer administration of a member's plan from federal COBRA coverage (administered by the plan sponsor) to the California-mandated Supplemental CalCOBRA coverage (administered by Aetna).

Administration will differ depending on how the plan sponsor administers federal COBRA now, or elects to handle it in the future. Plan sponsors standardly:

- Administer federal COBRA on their own;
- Contract with Aetna to be their third-party administrator (TPA) for all COBRA coverage for all plans/all carriers; or
- Contract with another TPA for COBRA coverage.

The law outlines the responsibilities of the plan sponsor and the responsibilities of the carrier for the administration of Supplemental CalCOBRA.

The Supplemental CalCOBRA responsibilities of the employer are:

- Notify Aetna when a qualified beneficiary is about to or has exhausted federal COBRA benefits.
- When changing plans, notify qualified beneficiaries of their ability to continue coverage under a new group benefit plan for the balance of the period that they would have been covered under the prior group benefit plan.
- Notify qualified beneficiaries of their annual open enrollment rights, including changes in plans options, and premium rate changes.
- Notify the successor plan in writing of the qualified beneficiaries currently receiving continuation coverage (so that the successor plan or employer or administrator may provide the beneficiaries with all of the disclosure information).

The responsibilities of the carrier (Aetna) are:

- To provide to the qualified beneficiary the necessary initial benefits information, premium information, enrollment forms and disclosures within 14 days of being notified of a member's eligibility for continued coverage under CalCOBRA/Supplemental CalCOBRA. Failure to make election within 60 days of the receipt of the above notice will disqualify the enrollee from coverage. Failure to make the first premium payments within 45 days after making the decision to elect the CalCOBRA/Supplemental CalCOBRA continuation coverage will disqualify the enrollee from coverage.
- To administer the billing, collecting the premium and notifying the member when coverage will end.

Aetna has determined that administration of CalCOBRA/Supplemental CalCOBRA will be handled as follows:

– **Eligibility/Enrollment**

- Plan sponsors that are handling federal COBRA:
 - Plan sponsor will be responsible for alerting members of the additional continuation available under CalCOBRA/Supplemental CalCOBRA.
 - Plan sponsors are responsible for notifying Aetna via a "Notice of Occurrence" of a member's eligibility for CalCOBRA (groups with 2-19 lives) or Supplemental CalCOBRA (groups with 20+ lives). This notice should not be received any earlier than 90 days prior to the exhaustion of COBRA.
 - Plan sponsors are responsible for determining CalCOBRA/Supplemental CalCOBRA eligibility.
 - Aetna will send out the Election Letter and Election Form (application) to members.
 - Employee must make written election for CalCOBRA/Supplemental CalCOBRA, and must return the Election Form.
- Plan sponsors that contract with Aetna to be the TPA for the federal COBRA (all plans/all carriers)
 - Aetna will send to each member an "End of COBRA Coverage Notice" 90 days prior to the exhaustion of federal COBRA.
 - This notice will advise the member to contact their carrier (Aetna or other carrier), in lieu of their former employer. The member would ask the carrier how to make election for CalCOBRA/Supplemental CalCOBRA. NOTE: When Aetna is the TPA for multiple carriers, Aetna will administer the CalCOBRA/Supplemental CalCOBRA for those members with Aetna coverage as well as for any carrier that allows Aetna to administer the CalCOBRA/Supplemental CalCOBRA on their behalf.
 - Members who wish to elect Supplemental CalCOBRA will be required to make an election. When Aetna is the carrier, a simplified process will be provided for the member to elect CalCOBRA.
 - Employees can call COBRA Direct Billing to make inquiries about CalCOBRA/Supplemental CalCOBRA.
- Plan sponsors that contract with TPAs other than Aetna for federal COBRA:
 - The Plan Sponsor or TPA is responsible for determining eligibility for CalCOBRA/Supplemental CalCOBRA.
 - If the TPA will administer the CalCOBRA/Supplemental CalCOBRA, there is no further action needed. No Notice of Occurrence is to be sent to Aetna. The TPA will continue to report the enrollment to Aetna, just like they do for COBRA.
 - If the TPA will not be administering CalCOBRA/Supplemental CalCOBRA, the plan sponsor or the TPA must send the "Notice of Occurrence" to Aetna. (If the TPA has developed a 'Notice of Occurrence' of their own and it has the appropriate data elements necessary for enrollment, we will accept it.)

– **Rates/Benefits**

CalCOBRA and Supplemental CalCOBRA rates will be 110 percent of the current group rate for non-disabled or 150 percent of the group rate for disabled members. Rates are subject to change at renewal or any time the benefits are changed for a member. Rates may also be impacted when a member changes plans during the annual Open Enrollment period.

– **Billing**

After the initial payment, Aetna will bill the member monthly. Premiums will be due on the first day of each month, with a 31-day grace period. Any rate changes will be reflected on the member's next premium statement, when Aetna is billing the member.

– **Open Enrollment**

Plan sponsors are responsible for notifying qualified beneficiaries of their open enrollment rights which include the option to change plans, changes to the plan of benefits, enroll members that were not previously enrolled and any rate changes.

Plan sponsors who need a list of members and mailing labels to tell members of their open enrollment rights can contact the appropriate Plan Sponsor representative as noted in the section below on *Cancelling Groups*

– **Member Delinquency/Notice of Cancellations**

Plan sponsors must notify CalCOBRA and Supplemental CalCOBRA members if their coverage with Aetna is terminating at least 15 days prior to the date of termination. However, Aetna reserves the right to notify members of the termination of group coverage for any reason, including non-payment.

– **New Employer Groups**

New groups must inform Aetna of COBRA and CalCOBRA members as well as those who have not yet elected CalCOBRA but are within their 60 days of being eligible for CalCOBRA.

– **Cancelling Groups**

Employers must notify CalCOBRA/Supplemental CalCOBRA member when changing health carriers. Aetna upon request will provide a list of CalCOBRA members when changing health plans. Aetna will send a letter to CalCOBRA participants advising them that the group contract has been cancelled and that they should contact their previous employer for more information. To request a list of CalCOBRA members, contact the appropriate Plan Sponsor Service representative below:

- Consumer Markets: CalCOBRA Unit in the Fresno Service Center at 1-888-595-1542
- Middle Markets: Supplemental CalCOBRA Unit in Fresno at 1-866-899-4378
- National Accounts: Supplemental CalCOBRA Unit in Los Angeles at 1-866-667-0656

– **Self-Insured Groups**

CalCOBRA and Supplemental CalCOBRA do not apply to self-funded groups except non-ERISA groups.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: **711**,
Fax: **859-425-3379** (CA HMO customers: **860-262-7705**)
Email: **CRCordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019, 800-537-7697** (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤကိၣ်တၢ်မၤတၢ်အံၤတၢ်ဖးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအံၤလၢတၢ်နကတၢ်ဟ့ၣ်အိၣ်အံၤကိၣ်တၢ်ဘၣ်လိတဲစိနီၣ်ကံၤလၢတၢ်အိၣ်လၢတၢ်နနီၣ်ကိၣ် ၁ (၅၅) အလိၣ်တၢ်ကၢၤၤ
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ ده‌سپێر‌اگ‌ه‌یشتن به‌ خ‌زم‌ه‌ت‌گ‌وز‌اری ز‌مان به‌ی تێچ‌وون بۆ تۆ، پ‌یوه‌ندی ب‌که‌ به‌ ژ‌ماره‌ی سه‌ر‌نای دی (ID) کارتی خ‌وت.
Lao	ເພື່ອຂ້າງປະຕິບັດບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjelok wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	<i>T'áá ni nizaad k'ehjí bee níká a'doowoł doo báq̄h ílínígóó naaltsoos bee atah nílįigo nanitínígú bee néého'dólzinígú béesh bee hane'i biká'ígú áají' hólne'.</i>
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kør keek tënɔŋ yin. Ke yin cɔl ran ye koc kuony në namba de abac tö në ID kard duön de tiit de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

